St. XAVIER'S HIGH SCHOOL

Affiliated with CBSE, New Delhi (Aff. No. 2133692)

Ref.: SXHS/27/2026-27 **Date**: 14th August' 2026

Circular- Student Health Check-Up Camp (2026–27) GV to XII

Dear Parents/Guardians,
Greetings from St. Xavier's High School!

To ensure the overall well-being, physical growth, and good health of our students, the school, in collaboration with **MediGuardian Health Solutions**, is organizing the **Annual Health Check-Up Camp** for all students from **Monday, 7th September 2026 to Friday, 11th September 2026**.

A team of qualified medical professionals will conduct comprehensive screenings during school hours to assess and promote healthy lifestyle habits among children.

Details of Health Screening & Medical Team

- **Physical Health & ENT Screening:** Conducted by a qualified MBBS Doctor.
- **Dental Check-Up:** Conducted by a certified Dentist.
- **General Growth & Vision Screening:** Height, weight, and basic eye check-ups conducted by a trained Female Staff Nurse.

Important Guidelines for Parents & Students

- Health check-ups will take place during regular school hours (8:45 AM to 1:30 PM).
- All students are encouraged to attend school regularly during these dates to ensure their health assessment is completed smoothly.
- Following the screening, digitized individual medical records/health reports will be processed and shared for parental reference.
- Kindly complete the consent form below and submit it to your child's respective **Class Teacher by 31st August 2026 (Monday)**.

We request all parents to encourage their children to actively participate in this routine health evaluation. Let us work together to keep our young learners healthy, energetic, and safe.

Warm Regards

PRINCIPAL
(Prashant Sharma)

PARENT CONSENT FORM

(Student Health Check-Up Camp 2026–27)

*(To be filled and submitted to the Class Teacher by 30/08/2026 ,Monday**).***

I, Parent/Guardian of _____, studying in Class _____ Section _____, Roll No. _____, hereby:

- [ ] **GIVE CONSENT** for my child to undergo the routine school health check-up (General Physical, ENT, Dental, Vision, and Growth screening).

- [ ] **DO NOT GIVE CONSENT** for my child to undergo the health check-up.

Any Specific Pre-existing Medical Condition/Allergies (if any):

Parent/Guardian Name: _____Contact Number: _____

Signature of Parent/Guardian: _____ Date: _____